



eMedical User Guide for AD Employees

**Forest Service
Fire and Aviation Management**

eMedical

Last Updated: April 2021



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1. General System User Questions

1.1 How do I access eMedical?

The Health Screening Questionnaire (HSQ) Coordinator will initiate ALL packets for AD employees. ADs will receive an email invitation from eMedical with a link to access eMedical.

IMPORTANT: ADs can *ONLY* access eMedical AFTER their HSQ Coordinator begins the process for them. Wait for the email from eMedical with your Access Code and instructions to access the program each year.

AD/Temp eMedical SITE: <https://emedicalacc.gdcii.com/user>

eMedical Auth Administration Login

User Name/Password Login

To log into eMedical Auth Administration with your user name and password provide them and click the Log In button.

User Name: *
Password: *

Log In

Those with existing eMedical profiles log in here:

Need assistance with credentials?

[Forgot Your User Name?](#)
[Forgot Your Password?](#)

Need to create credentials?

[Establish User Name and Password](#)

New to eMedical?
Create a user profile by clicking here:

If this is the first time you have accessed eMedical and just created a profile, follow the directions below. You will need the invitation code emailed to you to access eMedical.

If you already have a profile and have used eMedical, log in and skip to step 1.3. You will not need to use an invitation code after you've logged into eMedical with a code ONCE.

1. In the email sent to you by eMedical, locate your Invitation Code under Step 5 and copy and paste it into the Invitation Code field on the login screen.



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Example of eMedical email:

INSTRUCTIONS TO COMPLETE HSQ FORM:

1. Please navigate to this web address:
<https://emedicalacc.gdcii.com/user>
to complete the HSQ form by 9/26/2018. If you are unable to click on the link provided, copy and paste the link into your internet browser and press the "Enter" key.
2. If you have not established a USFS eMedical User Profile, click on the link "**Establish Username and Password**" below the main login fields, and follow the prompts to establish your profile. Then Click "**Submit**".
3. If you have already established a Username and Password, log in on this screen.
4. Once logged in, you may be prompted to enter your **Unique Invitation Code**. If you are not prompted to enter your invitation code, skip to Step # 7.
5. **If prompted, enter your Unique Invitation Code.** This code is one-time use only.

8AD1F447A803AF7F112F46C85

This is your
INVITATION CODE.
You will need this in the
next step.

2. Copy/Paste your Invitation code into the appropriate field shown below. Then verify your SSN and Date of Birth in the correct fields and click "**Submit**". Note, if you receive an error that states your information is incorrect, contact the eMedical Help Desk for help.

SM.FS.mqp_emedical@usda.gov

User Invitation Redemption

In order to access eMedical, please provide the information requested on this page. Click the Submit button when you have entered the information.

An asterisk appears before the name of any input that is mandatory.

*Invitation Code	<input type="text"/>
*Your Social Security Number	<input type="text" value="XXXXXXXX"/>
*Your Date of Birth	Month: <input type="text" value="▼"/> Day: <input type="text" value="▼"/> Year: <input type="text" value="▼"/>

1.2 View and update your user profile.

Click "**My Packets**" on the left menu.



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My eMedical

My Packets

Welcome to eMedical

ATTENTION : You have logged in to a live production site for the eMedical System. All information inputted and contained within this site is considered authentic real data. ONLY initiate a packet if you have a legitimate need to start the medical screening process for a WCT that is coming up soon. This site is NOT to be used as a practice site or for testing out how the system functions. Thank you!

Next, click on **“Take Action”**. You will be brought to your User Profile page.

Action Packets			
Name	Employee Information	Packet Information	Reset Search
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status Packet Profile Updated WCT Clearance Status Not Started	Take Action

1.3 How do I complete the Informed Consent Form?

- Review the various WCT levels and their associated risks.
- Verify that your duty station is correct (City, State), change if needed. Then check both boxes below before clicking “Submit”. Note: You cannot proceed to the HSQ until both boxes are checked and submitted.
- Once you click “Submit” a pop-up box will appear verifying “The submission of the form will be electronically recorded and constitutes your signature which thereby certifies your acknowledgement of the risks associated with WCT.”
- Your electronic signature of the Informed Consent Form states that you have reviewed and accepted the risks of taking the Work Capacity Test.
- Check the box in the pop-up and again click “Submit”.

By submitting this form, you are acknowledging your understanding of and consent to the risks associated with taking the Work Capacity Test.



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My eMedical
New Packet - Self
My Packets

Informed Consent
An asterisk appears before the name of any input that is mandatory.

Work Capacity Test: Informed Consent

Pack Test – Arduous:
The 3 mile test in with a 45-pound pack in 45 minutes is strenuous, but no more so than duties of wildland firefighting.

Field Test – Moderate:
The 2 mile test with a 25-pound pack in 30 minutes is fairly strenuous, but no more than the field duties assigned.

Walk Test – Light:
The 1 mile walk test in 16 minutes is moderately strenuous but no more so than the duties assigned.

Risks
There is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.
If you have been inactive and have not practiced or trained for the test, you should engage in several weeks of specific training before you take the test. Be certain to warm up and stretch before taking the test and to cool down after the test. By completing the Health Screening Questionnaire and/or a physical exam, the potential risk of serious consequences is reduced.

*Duty Station City
*Duty Station State

☐ I understand that there is a slight risk of complications from participating in this test including injuries (blisters, sore legs, sprains) but also heart attack, rhabdomyolysis, compartment syndrome, heat illness, and possibly death.

☐ I have read the information on this form and in the brochure “Work Capacity Test,” understood and truthfully answered the Health Screening Questionnaire (if applicable), and understand the purpose, instructions, and risks of the job related to the work capacity test.

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1.4 How do I update my user profile?

- Users will be automatically required to view/update their user profile for each new packet.
- Profiles may also be updated anytime a user accesses their packet under the “**View Profile**” menu option on the left side of the screen.
 - Editable information includes Gender, Primary Email Address, adding a Secondary Email Address, Street Address, phone number and your Fire Supervisor.
 - Items denoted with an asterisk * are *required* items to proceed
 - An AD’s **Fire Supervisor** may vary by unit. If the Fire Supervisor box is already populated, the name should not be changed unless directed otherwise.



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- If directed to change your Fire Supervisor, click on the “Select Fire Supervisor” button and search/select using the pop-up window.
- Then click “**Submit**”.

First Name	Janet
Middle Name	
Last Name	Sobieski
Duty Station	Idaho City
Temporary Unit	<input type="text"/>
SSN	XXX-XX-5555 Show SSN
*Gender	F <input type="button" value="v"/>
Date of Birth	1/1/1970
*Primary E-mail Address	hspriggs@fs.fed.us
Secondary E-mail Address	<input type="text"/>
*Street Address 1	123 Main St.
Street Address 2	<input type="text"/>
*City	Idaho City
*State	ID
*ZIP Code	83836
*Telephone	2083334444 <input data-bbox="938 1121 963 1152" type="button" value="?"/>
*Fire Supervisor	HOPE KUO Select Fire Supervisor

You will now be routed to the HSQ form.



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2. HSQ Form Completion Process Questions

2.1 How do I complete the HSQ?

HEALTH SCREENING QUESTIONNAIRE (HSQ)

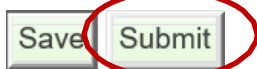
Assess your health needs by marking all true statements.

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

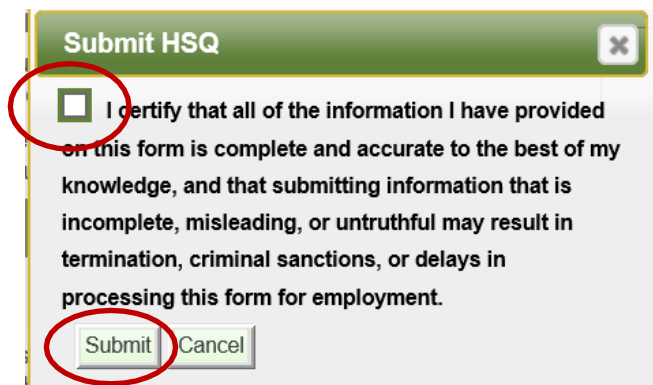
Employees are required to answer the following questions which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

An asterisk appears before the name of any input that is mandatory.

- Complete the HSQ Form.
 - Check any box that applies to you in both Section A and B of the form.
- **If you have an existing waiver (you've had an OF-178 exam previously – waivers are only issued by the USFS MQP Medical Officer) see directions in Section 5.3.**
- Click the **"Submit"** button.
 - *Note: The Save button does not submit your HSQ.*



- Click the checkbox in the pop-up window acknowledging the following statement:
"I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment."





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- Click the “**Submit**” button. You’ll see a green banner stating your HSQ has been submitted.
- On the next screen, under “Associated Packets” in the “Packet Information” column ensure the “Workflow Status” reads “HSQ Submitted”.

Associated Packets			
<input type="text" value="Name"/>	<input type="text" value="Employee Information"/>	<input type="text" value="Packet Information"/>	<input type="button" value="Reset Search"/>
Name	Employee Information	Packet Information	Action
Janet Sobieski	hspriggs@fs.fed.us 110402000300000000 Packet # 3895	WCT Level Arduous Workflow Status HSQ Submitted WCT Clearance Status Not Started	View

DONE! (For now!) Log out of eMedical. Your HSQ Coordinator will review the submitted HSQ and you will receive any clearance information or requests for additional info by email from eMedical.

IMPORTANT: ALL WCT related updates will come from eMedical@gdcii.com.
PLEASE READ ALL EMAILS from this address fully.

This is how you will be notified of WCT clearance status. Our agency physician or eMedical Admins may ask you for further info to complete your clearance and these requests come from this address – until you respond to these requests, your clearance will NOT proceed.

If cleared to take the WCT, you will be notified by email. No further action within eMedical will be required until the following year.

If an OF-178 exam is required, you will be notified by email with further information on how to proceed.

2.2 How do I view my packet, including submitted forms and reviewer comments?

ADs can view their packet by selecting “My Packets” in the navigation bar on the left side of the page. “My Packets” can only be accessed after your HSQ been submitted.

The packet will include a summary of personal information, medical clearance status, all completed medical clearance forms and any pending actions. To view more details of the packet, select “View” under “Action” on the “My Packets” page.



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eMedical GDCII

My eMedical

- New Packet
- My Packets

View Packets

Details regarding requests for medical qualification are displayed. You may view the current state of a request by selecting the View link. If there is an action available for you to take, you may select the Take Action link to the right of the request.

Action Packets

Name Employee Information Packet Information Reset Search

Name	Employee Information	Packet Information	Action
Melanie Lyles	emedicaltester01+41@gmail.com 110103000200000000 Packet # 1724	WCT Level Arduous Workflow Status OF178 Proceed to Waiver Process Clearance Status Not Started	Take Action

Associated Packets

Name	Employee Information	Packet Information	Action
There are no matching records.			

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2.3 How do I respond to a request for information?

At any point in the process, the Reviewing Medical Officer (RMO) or eMedical Administrators may require additional information to determine your clearance status. If additional information has been requested, ADs will be notified via an email from eMedical.

This email serves as a request for you to submit additional information in eMedical before you may move forward in the medical clearance process.

Log into eMedical: <https://emedicalacc.gdcii.com/user>

- Click on **"My Packets"** from the menu on the left side of your screen.
- Under Associated Packets, select **"View"** under Action on the right side.



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Associated Packets			
<input type="text" value="Name"/>	<input type="text" value="Employee Information"/>	<input type="text" value="Packet Information"/>	<input type="button" value="Reset Search"/>
Name	Employee Information	Packet Information	Action
Abby Parsons	hspriggs@fs.fed.us 110305000000000000 Packet # 3894	WCT Level Arduous Workflow Status OF178 Initiated WCT Clearance Status Not Started	View

- Under “Current Packet” on the, left hand men select “**View/Add Notes**” on your packet to view the request.

My eMedical	Medical Packet for Abby Parsons
New Packet - Self	Details regarding this request for medical qualification are displayed. A table lists forms that are begun or completed in the process. You may view the current information on any of those forms by selecting the View link on the row for the form you want. There is another table listing tracking status information for the request.
My Packets	
Current Packet	
View Summary	Details
Take Action	Packet Number 3894
View Profile	WCT Level Arduous
View/Add Attachments	Position Type Temporary
View/Add Notes	Highest Incident Qualification FFT2 Position that Requires WCT Level

- First click “**View**” to see the information request.
- Then click “**Respond**” under the “Existing Notes” section and “Action” column to provide comments and upload additional documentation, as needed. Once this is done, the person who requested the info will be notified that you have responded.

Existing Notes				
Participant	Packet Status	Note	Date Created	Action
HOPE KUO		Please explain the musc	9/6/2018 3:32:26 PM	View Respond

3. WCT Testing Process Questions

3.1 Once I am cleared to take the WCT, what is required?

ADs will be notified via email when they have been cleared to take the WCT.

- Sign up for a local WCT session.
- Print a copy of the WCT clearance email sent to you and bring it with you to the WCT to present to your WCT Administrator



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3.2 How can I view my WCT results?

Note: Only WCT results of “Fail” or “Did Not Complete” are required to be entered. If you passed the WCT, you are authorized to perform in any Incident Qualification Position requiring the tested of WCT or lower. Passing WCT results will only be recorded in IQCS. Any results can be viewed in eMedical on the packet summary page by navigating to **“View Summary”** inside of the current packet

If the WCT result is “Fail” or “Did Not Complete,” the AD’s Fire Supervisor will receive an email notification. The Supervisor will authorize any retests with your HSQ Coordinator who will authorize the retest eMedical. **The AD will be notified that they will need to log into eMedical and agree that they wish to retest in eMedical.**

3.3 How do I know if I am authorized to take a WCT re-test?

ADs will be notified via email if they have been authorized for a WCT re-test. If a re-test is not authorized the packet will close and the AD will not receive an email notifying them of a WCT re-test. WCT Retests for ADs follow the guidance in the *USFS WCT Implementation Guide (2015)* and are to be approved by local fire management.

3.4 How do I agree to participate in a WCT re-test?

If a WCT re-test is authorized, an AD will receive an email notification and **will need to confirm in eMedical if they plan to take another test.** The following steps should be followed to either confirm or decline a retest:

- Log in to eMedical.
- Click on **“My Packets”** on the, left hand menu.
- Under the “Action Packets” section, click **“Take Action”** under the “Action” column.
- On the following page under “WCT Re-take Authorization”:
 - If you wish to re-take the WCT, click **“Yes, I choose to re-test”** from the drop-down box. An email notification will be sent to your HSQ Coordinator and Fire Supervisor, and you will automatically be placed back on the list of employees who are ready to take the WCT. You must wait at least 48 hours after a non-passed WCT to attempt another WCT. Contact your WCT Administrator to sign up for another WCT.
 - If you do not wish to re-take the WCT, click **“No, I decline to re-test”** from the drop-down. The packet will be closed, and you will not be cleared to the WCT again.
- Click **“Submit”**.



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4. OF-178 Exam Form Completion Questions

4.1 I have been notified I need the OF-178 exam. How do I complete the OF-178 Part A?

If an AD is required to complete a physical exam, they will receive an email notifying them to complete and submit the OF-178 Part A in eMedical.

Your responses on the Health Screening Questionnaire (HSQ) submitted on 9/6/2018 indicate the need for a physical examination. To begin the process, you must first complete Part A of the OF-178 Medical Exam form in eMedical before a Arduous level Work Capacity Test (WCT) clearance can be determined.

Log into eMedical. <https://emedicalacc.gdcii.com/user>

- Click on **“My Packets”** on the left menu.
- In the “Action Packets” section, click **“Take Action”** under the “Action” column for the current packet.
- Click either **“Yes”** or **“No”** on the following screen’s radio button to report any medical or physical issues that may interfere in your ability to perform full duties of this position. This is where you can provide additional information to explain why any condition was checked on your HSQ form. **Checking “yes” here and providing information will not have any effect on your clearance** – it allows you to provide more information on any condition to your Reviewing Medical Officer on the condition you checked the box for. **This can speed up your clearance.**
- Click the **“Submit”** button



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Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE

☒ Yes ☐ No

*Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties of this position?

*Provide an explanation for the physician performing the examination.



I am treated by my physician for high blood pressure. I take medication for it.

Save Submit

- Click the checkbox in the pop-up window acknowledging that the information you have supplied is complete and accurate and that you authorize the release of any eMedical information to your USFS Agency Reviewing Medical Officer (RMO).

Submit OF178A

☒ certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the [Privacy Act Statement](#), I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.

Submit Cancel

- Click the “Submit” button to submit the form.

4.2 How does my physician/medical provider complete my OF-178 exam form?

After submitting the OF-178 Part A, **you will receive an email** notifying you to schedule a medical exam with your physician. Contact your HSQ Coordinator for assistance in locating a clinic, to ensure payment is made and that you have all necessary documents to give to your physician/medical provider.

Print this email and bring it with you to your exam.

The email will include an access code your physician will use to access eMedical and complete your OF-178 form within the system. EXAMPLE below:

You will now need to schedule an OF-178 physical exam. Please contact your HSQ Coordinator to discuss how to arrange this exam and to obtain the necessary paperwork to bring with you. OF-178 exams should be billed to the Forest, not the employee.



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*****FOR MEDICAL PROVIDER USE ONLY*****

eMedical EXAM ACCESS INSTRUCTIONS:

1. To access this employee's exam, navigate to this web address:
<https://emedicalacct.gdcii.com/provider>
2. If you have not established a USFS eMedical User Profile, click on the link "Establish Username and Password" below the main login fields, and follow the prompts to establish your profile. Then Click "Submit".
3. If you have already established a Username and Password, log in on this screen.
4. Ensure that your eMedical profile includes the examining medical provider's information, as this is what is used to generate the provider's electronic signature.
5. Once logged in, click on the "Redeem Invitation" link on the left side of your screen.
6. Enter the employee's **Unique Physician Access Code**. This code is one-time use only.
23D2D48738E6FD79CE3182CA9

eMed Link for medical providers ONLY.

Code provider uses to access your exam.

Note: ADs must print this email with the physician access code and a copy of all "Physician Documents" stored on the eMedical website. (link to the site is in email) Bring the letter and documents to the medical exam.

ASK FIRST! You may use a provider of your choice, but they MUST agree to use eMedical and it's online exam submission process PRIOR to you having an OF-178 exam completed.

If you need assistance in scheduling an exam, please contact your HSQ Coordinator.
MD/DO/NPs and PAs may conduct exams. Chiropractors may not.

Physicians and medical providers can contact the MQP Help Desk at
SM.FS.mqp_emedical@usda.gov with any additional questions

5. Exam Clearance, Waivers and Mitigations

5.1 Notification of Medical Clearance

Once your OF-178 has been submitted by your medical provider it will be reviewed by the USFS Medical Officer. The Medical Officer will determine if you are "Medically Qualified" based on the OF-178 and may assign waivers and mitigations. Mitigations are requirements specific to each employee based on any medical conditions. You will be notified by email with your waiver information and directions on how to view your waiver and mitigations.

You MUST log into eMedical and view your waiver/mitigation directions and follow these directions each year.

5.2 How do I view my exam Waiver and Mitigations?

Waivers issued prior to eMedical were emailed to the employee/AD Waivers issued since 9/2017 are generally within eMedical. **Please KEEP your original waiver to refer to each year!**

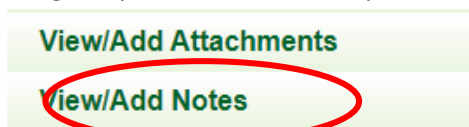


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When an AD is cleared after the OF-178 exam process, they are emailed notification of their clearance and directions on how to view their waiver specifics. **MAKE SURE to view your waiver and mitigations instructions after you receive it! MANY waivers require information to be submitted to the MQP Office annually. Specific directions are found in your waiver/mitigation.**

AD Directions to View and Print Waiver:

1. Log into eMedical.
2. Go to **My Packets** and **View** the packet with the last waiver granted (you may need to view multiple packets to find the one with the waiver). If you completed an OF178 you will find waiver in **PART D**, **and or** if you did not complete the OF178 you will find waiver in **Notes**. If AD's are having difficulty doing, they can contact the helpdesk.



Will need to copy and paste the clearance with waivers/mitigations in Notes



3. On the Summary page of the packet, click **"Print"** to the right of "Part D Completed". This will open a .PDF page that can both be SAVED and PRINTED.



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Print Part D

CERTIFICATE OF MEDICAL EXAMINATION OF 178 Part D

To be completed by the agency medical officer who reviews the examination results and recommends action.

Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

Subject Stuart Little

Effective Date 2/4/2020

Please read your Mitigations carefully. These requirements must be met each year to be cleared to the WCT. If an annual statement(s), is required in your mitigations, you must obtain one each year from your medical provider and submit it by eFax (866-338-6630) to the USFS MQP office to obtain clearance. **If your condition(s) worsen or you have a new condition after this waiver has been issued, notify your HSQ Coordinator or the eMedical Help Desk at SM.FS.mqp_emedical@usda.gov.**

Recommendation Hire or retain

Comments

Pre-Set Qualification Choices Medically Qualified

Cleared to Process WCT Process – Routine Waiver Granted with Active Mitigations

Routine Waiver Type Medication
Chest and Respiratory System

Mitigations

Mitigation requirements to supply to the MQP Office annually

Mitigation requirements to follow

The respiratory waiver is for your asthma and the mitigation is that you are responsible for having with you at all times a rescue inhaler that is not expired as well as supply a statement yearly from your doctor, overseeing this diagnosis, stating that it is static and stable and a complete medication list.

The medication waiver is for your liquid medication inhaler, and one mitigation is that you will send me your complete medication list each year.

You are responsible for having an adequate supply of all of your medication and taking them as directed by your medical provider.

Should your medical condition/health status change/worsen, you are required to notify me as soon as possible.

4. **ADs should PRINT & SAVE this information to refer to each year.** Most employees who need to supply an annual update arrange to get it from their medical provider prior to WCT season.

5.3 Employees/ADs with Waivers – Annual WCT Clearance Process

After the waiver is issued, each year employees should:

1. Check the **“I have a waiver”** box in Section A on the HSQ Form.



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2. Check any boxes in Section A for conditions you have a waiver for. None of these checked boxes count against you.
3. If any existing condition has worsened, notify your HSQ Coordinator. If you have any new conditions check those boxes and let your Coordinator know you have new conditions checked.
4. If your waiver *does not* require an annual update, tell your HSQ Coordinator.
5. If your waiver *DOES* require an annual update, inform your HSQ Coordinator and FAX the update to the USFS MQP office.
6. eMedical Secure Fax: 1-866-338-6630

Clearance for both types of waivers ways will come by email.

6. Medical Review Board (MRB) Waiver Appeal Process Questions

6.1 How do I appeal a waiver rejection?

If you have not been Medically Cleared, and an employee's waiver request has been denied, a Medical Review Board (MRB) waiver appeal can be initiated within three business days of receiving the email notification. To appeal a waiver rejection, employees can login to eMedical and "Take Action" on their current packet. Employee will then make, a selection from a drop-down menu choosing to submit MRB. Employees can also add comments or attachments by navigating to "View/Add Notes" or "View/Add Attachments" from the left menu.

For additional information or questions, contact the eMedical Help Desk at:

SM.FS.mqp_emedical@usda.gov